

Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 30.90	\$ 0	\$ 0	\$ 0

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA			

4. How much cash do you and your spouse have? \$ None
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NA	NA	Make & year: _____
		Model: _____
		Registration # _____

Motor Vehicle #2 (Value)

Other assets (Value)

Other assets (Value)

Make & year: N/AModel: N/ARegistration #: N/A**6. State every person, business, or organization owing you or your spouse money, and the amount owed.**

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

N/A**7. State the persons who rely on you or your spouse for support.**

Name [or if under 18, initials only]

Relationship

Age

N/A**8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.**

Rent or home-mortgage payment (including lot rented for mobile home)	\$ <u>N/A</u>	\$ <u> </u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u> </u>
Food	\$ <u>N/A</u>	\$ <u> </u>
Clothing	\$ <u>N/A</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u> </u>

Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>
Transportation (not including motor vehicle expenses)	\$ <u>0</u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u> </u>
Homeowner's or renter's		
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>0</u>	\$ <u> </u>
Motor vehicle	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u> </u>
Installment payments	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Credit card (name): _____	\$ <u>0</u>	\$ <u> </u>
Department store (name): _____	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ <u> </u>
Other (specify): _____	\$ <u>0</u>	\$ <u> </u>
Total monthly expenses:		\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

Yes No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

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11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [] No If yes, how much? \$ N/A

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

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13. City and state of your legal residence.

N/A

Your daytime phone number: () N/A

Your age: 38 Your years of schooling: 1 1/2 college

Last four digits of your social-security number 6631